

UCPB Grantee Case Close Out Form

Grantee Name: _____

Docket Number	Case Title	UCRF Grant Number	UCRF Grant Amount Granted (as amended)	Balance Date: _____	Other Financial Support (Matching funds, pro- bono support, etc.)
_____	_____	_____	_____	_____	_____
Summary of Participation and Outcomes: _____ 					
Attorney General Participation (Joint Litigation Agreement/Communication): _____ 					
Return on Investment: _____ 					